# SC Board of Financial Institutions Consumer Finance Division

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## **SUPERVISED ANNUAL REPORT - 2015**

Licensees Engaged in the Business of Making or Servicing Supervised Loans (Non-Real Estate secured) under the South Carolina Consumer Protection Code.

1. Name of Licensee		License No
2. Street Address		
City, State, Zip		
3. Individual, Partnership or Corporation		
4.(a) Number of Offices Included in This Report		
(b) Person who can answer our questions about this	s report	
(c) Telephone:	Fax:	
(d) E-Mail address:		

IMPORTANT -- THIS REPORT MUST INCLUDE COST OF OPERATIONS OF LOCATIONS MAKING SOUTH CAROLINA LOANS. DO NOT CHANGE THE PRINTED HEADING OR NUMBER OF ANY ITEM.

No other financial statements can be substituted for this report. This form must be submitted in the original format.(ie,print size, margin set and spacing)

#### SCHEDULE A

#### Balance Sheet as per Books December 31, 2015

South Carolina Business Only

Notice: Beginning January 1, 2010, Real Estate secured loans no longer fall under the definition of a "Consumer Loan" and therefore should not be included on this report.

### **Do Not Use Decimals**

ROUND OFF CENTS TO THE NEAREST DOLLAR	Column 1 Consumer Loan Business South Carolina Only	Column 2 Sales Finance Business South Carolina Only	Column 3 Columns 1 & 2 Total South Carolina Business
ASSETS			
5. Gross Receivables	\$	\$	\$
6. Cash on Hand and in Banks	\$	\$	\$
7. Real Estate (less depreciation)	\$	\$	\$
8. Furniture, Fixtures & Equipment			
(less depreciation)	\$	\$	\$
9. Other Assets:			
(a) Accounts Receivable	\$	\$	\$
(b) Repossessions	\$	\$	\$
(c) Miscellaneous (Itemize)	\$	\$	\$
10. TOTAL ASSETS (MUST EQUAL LINE 18)	\$	\$	\$
11. # of Outstanding Accounts of 5 above	#	#	#
LIABILITIES			
12. Accounts and Notes Payable:			
(a) Banks			\$
(b) Due Parent Company or Affiliate			\$
13. Bond and Long Term Accounts and Notes			\$
14. Other Liabilities:			
(a) Accrued Expenses			\$
(b) Dealers Reserve			\$
(c) Other (Itemize)			\$
15. Net Worth (if Individual or Partnership)			\$
16. Capital Stock (if Corporation)			\$
17. Surplus			\$
18. TOTAL LIABILITIES (MUST EQUA	L LINE 10 ABOV	<b>E</b> )	\$

# SC BOARD OF FINANCIAL INSTITUTIONS CONSUMER FINANCE DIVISION

#### **SUPERVISED ANNUAL REPORT – 2015**

#### **SCHEDULE B**

#### Statement of Income and Expenses For the Period January 1, 2015 to December 31, 2015

ROUND OFF CENTS TO NEAREST	Column 1	Column 2	Column 3 Columns 1 & 2
DOLLAR	Consumer Loan Business	Sales Finance Business	Total South Carolina
	South Carolina Only	South Carolina Only	Business
INCOME			
19. Charges Collected and/or Earned	\$	\$	\$
20. Other Income: (a) Bad Debt Recoveries	\$	\$	\$
(b) Miscellaneous (Itemize)	\$	\$	\$
(c) Income on Loans Held for Servicing Only	\$	\$	\$
21. GROSS OPERATING INCOME (Lines 19-20)	\$	\$	\$
EXPENSES			
22. Salaries, Wages & Fees	\$	\$	\$
23. Depreciation on Buildings, Furniture, Fixtures & Autos	\$	\$	\$
24. Charge-offs	\$	\$	\$
25. Other Operating Expenses (Itemize)	\$	\$	\$
26. TOTAL EXPENSES BEFORE INTEREST AND FED. & STATE TAXES (Lines 22-25)	\$	\$	\$
27. Net Operating Income before Interest, Federal & State Taxes (Line 21 less 26)	\$	\$	\$

### SC BOARD OF FINANCIAL INSTITUTIONS CONSUMER FINANCE DIVISION SUPERVISED ANNUAL REPORT - 2015

For the Period January 1, 2015 to December 31, 2015

Tor the rer	ou January 1, 2013	to December 31	, 2015		
	Colun	ın 1	Column 2		
SCHEDULE C	Consume	r Loan	Sales Finance		
ANALYSIS OF LOANS MADE	Busin	ess	Busin	ness	
Round off cents to nearest Dollar					
round off conts to near est Bonds	South Caro	lina Only	South Carolina Only		
		MOST		MOST	
	HIGHEST	FREQUENT	HIGHEST	FREQUENT	
	APR	APR	APR	APR	
	Charged	Charged	Charged	Charged	
28. Rate of Credit Extended:					
(a) \$150.00 or Less	%	%	%	%	
(b) \$150.01 to \$600.00	%	%	%	%	
(c) \$600.01 to \$1,000.00	%	%	%	%	
(d) \$1,000.01 to \$2,500.00	%	%	%	%	
(e) \$2,500.01 to \$4,000.00	%	%	%	%	
(f) \$4,000.01 to \$5,000.00	%	%	%	%	
(g) \$5,000.01 and Larger	%	%	%	%	

29.Size of Credit Extended:	(Number)	(Amount)	(Number)	(Amount)
(a) \$150.00 or Less	#	\$	#	\$
(b) \$150.01 to \$600.00	#	\$	#	\$
(c) \$600.01 to \$1,000.00	#	\$	#	\$
(d) \$1,000.01 to \$2,500.00	#	\$	#	\$
(e) \$2,500.01 to \$4,000.00	#	\$	#	\$
(f) \$4,000.01 to \$5,000.00	#	\$	#	\$
(g) \$5,000.01 and Larger	#	\$	#	\$
(h) TOTAL LOANS MADE				
(MUST EQUAL LINE 36A)	#	\$	#	\$

30. Percentage of the Number of Consumer Loans and Sales Finance Covered by Insurance Which Was	Column 1		Column 2	
Purchased on Behalf of the Borrower:	Consumer Loan Business Sales Finance Business			
	South Carolin	na Only	South Carolin	a Only
(a) Credit Life Insurance		%		%
(b) Health & Accident Insurance		%		%
(c) Fire & Personal Property Insurance	%		,	
31. Delinquency:				
(a) Contractually delinquent for 60 days	\$	%	\$	%
(b) Contractually delinquent for 90 days	\$	%	\$	%

32. Total number of debtors filing bankruptcy during period		#
33. Total number of legal actions filed during period		#
	Consumer Loans	
	SC Loa	<u>ns Only</u>
	Total	Total
	Number	Amount
34. Loans which renewed existing accounts	#	\$
35. New loans made to former borrowers	#	\$
36. Loans made to new borrowers	#	\$
36a. Total Loans Made (MUST EQUAL LINE 29h)	#	\$
37. Loans paid out by means other than renewal	#	\$
38. Total number of renewals in which the borrower received a cash advance		
which was less than 10% of the net outstanding loan balance at the time of the renewal	#	
39. Total loans outstanding at the beginning of the year	#	\$
40. Total loans outstanding at the end of the year (Must equal Line 5 Col. 1)	#	\$

#### **AFFIDAVIT**

The affidavit must be executed, if a corporation, by a duly authorized officer; if a partnership, by a partner; or if an individual, by the owner. The affidavit is required to be completed in the presence of a Notary Public.

CHOOSE ONE OF THE FOLLO	<u>WING</u> :
President	OR Secretary
OR Partners	
OR Individual Owner	
being duly sworn according to law, depo	ses and says that he/she is
(Title: Pres., Sec., Partner)	
of the above name Supervised Lender, that as of the close of business on December 3	nat the foregoing schedules represent a true condition of said Supervised Lender's business 1, 2015.
	Signature of Pres. Or Sec. or Partner
NOTARY PUBLIC:	
In the County of	
In the State of	
Sworn to and subscribed before me thisday of	
(Signature of Notary Public)	My Commission Expires:

Any report received after April 15, 2016 will be subject to a hearing to determine if the license should be revoked.

Complete and return to: SC Board of Financial Institutions

Consumer Finance Division 1205 Pendleton Street, Suite 306

Columbia, SC 29201

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